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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

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HOW ARE HOSPITALS TO MEET THE OBLIGATIONS WHICH THE NEWER STANDARDS OF NURSING EDUCATION DEMAND?¹

THIS subject is one of vital interest to us all, hospitals, boards, superintendents, principals of schools of nursing, the public and the student nurse. We are all concerned with the readjustments which must take place in order to bring about the result to which we are looking forward in relation to the better educational opportunities for the student nurse and the more intelligent care of the sick, both in the hospital and in the community at large.

"How are hospitals going to meet the obligations which the new standards of nursing education demand?" We are all asking this question. I am not prepared to hold out the solution but simply to state conditions as they exist, in the hope that the discussion of this paper will open new avenues of possibilities toward the solution of our problem. To begin with we must speak of our hospitals dividing them into four classes: (1) The state institution, (2) The municipal hospital, (3) The hospital supported and governed by a board of philanthropic citizens, (4) The privately owned or one-man hospital.

I have not mentioned the university hospital because it may be included under the above headings. Hospitals were all organized for the express purpose of relieving the sick of the community which has been more or less of a municipal responsibility and an individual philanthropy as far back as we can remember. Hospitals have been established for the poor, the indigent and the ill through centuries and it is only very lately that the community at large has accepted these institutions as preferable to their own homes in time of illness and has paid for hospital service. Consequently, these institutions have been in the past largely provided for by city and state appropriations which have been as meagre as possible. Such an arrangement has, of course, discouraged and in fact prohibited the expenditure of any funds, other than those necessary for the bare maintenance of the inmates. These institutions were consequently the victims of poor administration, political graft, and moral squalor. During the period up to about 1874, we hear of few hospitals being maintained by groups of individuals, or the so-called one-man hospital. They were

¹ Paper presented at a round table of the American Nurses' Association, Seattle, June 27.

shunned by the laity and no one was willing to enter them. Even medical science had little or no effect upon the filth and irregularities which existed.

About this time Miss Nightingale was trying the new system of nursing in England and some of our citizens who felt keenly the condition of things in this country succeeded in starting schools in some of our hospitals under the new method of teaching. The institutions became different places, the sick were given better care, less infection prevailed and the public began to be interested in the results which were being achieved. A different class of women went into nursing, there being few professions open to them at that time. These women found conditions far from ideal, long hours, all kinds of heavy work, small financial return and limited instruction (this given always at night after the long day's work upon the wards). These women were unselfish in their devotion in creating a better condition of things and giving an intelligent care to the sick.

After a few years public opinion began to change regarding the hospital and very rapidly all over the country these institutions began to multiply. In many instances this led to exploitation of both the hospital and of nursing by ambitious members of the medical profession and the laity. Hospitals were organized and training schools started to nurse the patients of the individual doctors or the group of doctors, thus enabling the doctors to collect not only their fees but those for the hospital care as well. Sometimes these patients were on general care and at other times were specialed by the student nurses at a charge of \$14 to \$20 per week and usually their board was charged for besides. By thus maintaining these so-called training schools, the owners were able to get a large percentage of the housework and nursing care done by young women for from \$5 to \$7 per month and a fragmentary lecture by a doctor occasionally after seven o'clock at night.

So the training school for nurses became a commercialized institution by the laity and the medical profession and in fact our well meaning philanthropists who have been on hospital boards for years have considered the student nurse just a part of the hospital equipment. She has paid off more hospital deficits by her unselfish, faithful hours of laborious work than any members of hospital boards who have considered themselves the philanthropists.

For some years now the building of beautiful hospitals has been quite the fad and in planning for the maintenance cost, no thought has been given to providing a nursing service, to say nothing of a school, an educational institution; it has just been taken for granted that the nurses would do everything in exchange for maintenance and

a diploma even though the so-called course offered little in the way of instruction.

Until 1902 there were no laws controlling this practice of nursing. The nurse, the better bred, better educated type of woman had made the public feel her worth and as there are always those who profiteer on the reputation of others, nursing was exploited, there being no laws to prevent it. Consequently the short-term school, the correspondence school and the one-man hospital sprang up, exploiting not only the student nurse who wished to be a trained nurse, but the public, by turning out ill-prepared and incompetent women under the same title that the recognized school had adopted. The number of such women has increased rapidly, due to the great difficulty the nursing profession has had in getting proper laws passed to control the practice and I regret to say that in many instances the public have not helped us, although such laws protect the laity against the products from the commercial school and enable them to procure a registered nurse as they procure a registered physician. With this brief background of the modern history of nursing in its connection with hospitals in this country we can better appreciate conditions as they exist today.

Let us go back to the organization of hospitals again. The state and municipal hospitals are still in the appropriation class, they not only have this handicap, but are also the victims of political control and so are often administered by men who have little knowledge of how to run a hospital and no appreciation of intelligent nursing care. Some are hopelessly inefficient while others are controlled entirely by politics. In some of our state institutions, the nurses are considered in the same class with the employees, living in their quarters, having their meals in their dining rooms, taking part in their entertainments and, in one instance that I know of personally, their training included waiting on the doctors' tables and doing their chamber work; their training outside of the nursing classes being entirely controlled by physicians who had little knowledge of nursing procedure and the so-called superintendent of nurses having nothing whatsoever to do with her students on the wards or in their arrangement of duties.

In the hospitals controlled and directed by a board of trustees composed of interested citizens, nursing education has progressed more rapidly. Here we find a non-political organization, endowments of considerable proportions and always a few medical men interested in the development of the nurse. Here, in most instances, the best schools have been maintained and advances made in broadening the field of professional education.

(To be continued)